SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, APRIL 5TH, 1919.

CONTENTS.

PAGE

British Medical Association.

CURRENT NOTES:
- FEES FOR NOTIFICATION OF INFECTIOUS DISEASES ... 51
- WAR EMERGENCY FUND OF THE ROYAL MEDICAL BENEVOLENT FUND ... 51
- MEMBERSHIP OF THE ASSOCIATION ... 51

ORGANIZATION OF THE PROFESSION:
- GLASGOW MEETING ... 51
- CORRESPONDENCE ... 52

SCOTTISH BOARD OF HEALTH BILL: FULL TEXT ... 53

MEDICINE IN IRELAND AND THE MINISTRY OF HEALTH 54

LONDON PANEL COMMITTEE ... 54

ASSOCIATION NOTICES:
- MEETING OF COUNCIL ... 55
- ANNUAL REPRESENTATIVE MEETING, 1919 ... 55

NAVAL AND MILITARY APPOINTMENTS ... 55

APPOINTMENTS ... 56

BIRTHS, MARRIAGES, AND DEATHS ... 56

DIARY ... 56

British Medical Association.

CURRENT NOTES.

Fees for Notification of Infectious Diseases.

IN the SUPPLEMENT of November 9th, 1918, we printed a letter sent to the President of the Local Government Board and to the Chancellor of the Exchequer by the Medical Secretary of the Association, on the question of the fees payable to medical practitioners for notification of infectious diseases. In pursuance of the policy of not letting this question drop, a further letter upon the same lines was addressed on February 24th to Dr. Addison, now President of the Local Government Board, in the hope that he would see his way to take action "in a matter which has caused and is still causing great resentment and a continual sense of injustice in the minds of the members of the medical profession." The letter recapitulated the facts relating to the reduction of the notification fee from 2s. 6d. to 1s. under the Local Government (Emergency Provisions) Act, 1916. From the first the British Medical Association protested against the reduction, and warned the Government, both by letter and by deputation, of the strong feeling which it would arouse among the general practitioners of the country. The letter ended by urging that as a matter of simple justice the old fee should be restored, and asking Dr. Addison to give the Association an opportunity of laying the case more fully before him by deputation at an early date. The reply to this letter was that "Section 5 of the Local Government (Emergency Provisions) Act, 1916, will come to an end when peace is ratified. The Board understand that the British Medical Association were willing last year that the fee for notification of other infectious diseases should be restored to 2s. 6d. and that the fee for notification of measles should continue at 1s., and I am to inquire whether the President may understand that this is still the view of the Association." In a letter to the Board, dated March 24th, the Medical Secretary challenged the assumption contained in the sentence last quoted. The only possible foundation for it, he said, could be what occurred when a deputation from the Association to Mr. Hayes Fisher, on April 6th, 1916, expressed strong objection to the proposal to reduce the notification fee, as is fully explained by Dr. Cox in his reply on the discussion at Glasgow, reported at page 52.

War Emergency Fund of the Royal Medical Benevolent Fund.

A subscription of £2 10s. has been received from the Wimbledon Division of the British Medical Association (per Dr. G. Cowie, Honorary Secretary) in response to the appeal, and has been passed on to the Treasurer of the War Emergency Fund. The names of individual subscribers are published monthly in the advertisement pages of the JOURNAL.

Membership of Association.

The total number of members of the Association on March 28th, 1919, was 22,812, as compared with a membership of 22,034 on March 31st, 1918.

THE ORGANIZATION OF THE PROFESSION.

GLASGOW MEETING.

A MEETING of the medical profession in Glasgow and district, called by the Glasgow and West of Scotland Branch of the Association, was held in the Christian Institute, Glasgow, on March 18th. There were over 200 present.

Dr. LAWRIE of Greenock, President of the Branch, took the chair, and Dr. COX addressed the meeting on the lines of the speech already reported in the SUPPLEMENT of March 22nd, and afterwards questions were asked.

Dr. GLEN (Glasgow) criticized the composition of the Medical Parliamentary Committee appointed at the meeting held in London on October 1st. He said also that the Committee set up in Scotland to look after the interests of the profession as regards the Ministry of Health only comprised eighteen medical practitioners, and these were members of the Scottish Committee of the British Medical Association. He thought there should have been a vote of the profession on the matter; the great bulk of the members of that Committee knew nothing about the needs of the people who would mainly have to be catered for by the Ministry of Health.

Dr. COLVIN (Glasgow) expressed the general feeling of insurance practitioners that the capitation fee should be raised to 10s., and asked what the British Medical Association was prepared to do if this demand were again made and refused.

Dr. BENNETT (Glasgow) said he was disappointed with Dr. Cox's speech, that Dr. Cox was not a lawyer and therefore his references to the legal protection given by trade unionism must be taken with reserve. The British Medical Association could only speak for a little over 50 per cent. of the profession and the other practitioners who were not members of the Association had not been consulted in regard to many of the matters which affected the profession as a whole.

Dr. BURNS (Bridgeton) and Dr. RUSSELL (Glasgow) asked what the British Medical Association did when the fee for notification of infectious diseases was reduced from 2s. 6d. to 1s., and what it was now doing in the matter. Dr. Russell inquired also what the Association had done to protect the profession from signing the agreement with the Insurance Committees, which, he said, was a one-sided document that did not protect the profession at all.

Dr. LAMBIE (Glasgow) inquired whether the Ministry of Health Bill incorporated a whole-time medical service or whether it was proposed to introduce such a service.

Dr. TAYLOR (Glasgow) asked about the position of the Advisory Council to the Ministry of Health and how it was to be elected.

Dr. COX, in reply, said he had expected much more heckling from a Scottish audience; he was disappointed, seeing that there were several advocates of trade unionism present, that none of them had tried to expose any fallacy in his arguments on that question. He wanted to make it clear that the argument about trade unionism was not merely a competition between the British Medical Association and the Medico-Political Union. Having been in medical politics for about twenty-five years he had seen many such bodies come and go, and the British Medical Association had kept on with its work as before. The only thing that disturbed him was the effect upon the organization of the profession. It was certain that

if several bodies approached the Government professing to represent the profession, the Government could not resist the temptation to play off one body against the other. As regards the legal arguments, he did not pretend to be a lawyer, but he had given much time to the study of this subject and had recently discussed it at length with the two able lawyers mentioned in his speech. They had convinced him that there was nothing the Association was doing which was not within its powers, though objection had been taken to certain ways in which those powers were used. The moral was that the Association should be more careful in the future in its procedure, but not that it should drop its work of protecting the profession and leave it to other bodies who had proved no capacity for doing it any better.

The complaint that the profession had not been consulted by the Association in regard to the Ministry of Health showed that the questioners had not kept themselves conversant with the BRITISH MEDICAL JOURNAL. The Ministry of Health scheme was published for discussion by the Divisions in 1917, and many references were made to it in the JOURNAL of that year. It was republished in 1918, and further discussion took place on it at the Representative Meeting. It was open to any Division to have expressed its opinion on that scheme, and, indeed, all the Divisions were specifically asked to send up criticisms or amendments. As for a whole-time state service and the Ministry of Health Bill, there was no more necessary connexion between these two things than there was between the National Insurance system and a whole-time service, and the Government in setting up its National Insurance system had deliberately chosen a part-time service in which the existing medical practitioners were all asked to take a share. He did not believe the Government had any idea of starting a whole-time service; and, indeed, why should they? Such an intention would undoubtedly lead to a bitter conflict, not only with the majority of the medical profession, but with the vast body of the public, whose desire for such a service, if it ever existed, had not been increased by what so many of them had seen in the army. As for the criticism that the British Medical Association represented little more than 50 per cent. of the profession, did that mean that the only large organized body of the profession was to cease making representations because every one did not join it? Surely the duty of that body was to see that the Government and other bodies concerned were at any rate made aware of the views of those medical men who had taken the trouble to organize themselves.

The Scottish Ministry of Health Committee was not an ideally representative body. But some committee was immediately necessary, and a combination of representatives of the various universities and examining bodies with the members of the Scottish Committee of the British Medical Association seemed the most suitable body which could be got together at short notice. When it came to the nomination of an advisory committee to the Minister of Health the profession must of course be consulted on a much broader basis, and also as to the details of the bill when available. In reply to Dr. Colvin's question as to what the Association could do if the profession determined to ask for a higher capitation fee and the Government refused, supposing the profession was united—a big assumption—no Government could coerce it. Having ascertained that the profession was practically unanimous on the subject, the Association would arrange, through the Conference of Panel Committees and the Panel Committees throughout the country, that all practitioners should decline to accept the contract for the ensuing year unless the fee was raised. There was no doubt whatever as to the power of the Association to do this, and in a smaller way the Association had in fact organized many such refusals to accept contracts. But in view of the present situation in the industrial world a Government could no more force upon a practically united profession terms that that they did not want than it could force such terms upon any body of workers.

As to the fee for notification of infectious diseases, there had been much ill-informed criticism on this matter. When the Association first heard that the Government was calling upon every department to find ways of economizing, and that the Local Government Board proposed to cut down notification fees, he went to the Board and ascertained that this was the case. A committee of the Association which met very shortly afterwards appointed a deputation to meet the President, consisting of Mr. E. B. Turner, Mr. Harman, and himself. They saw the Parliamentary Secretary, Mr. Hayes Fisher, together with officials of the Board. They told him that the profession objected strongly to any reduction, and considered the fee well earned. But finding that the Board was apparently determined to put this reduction through, the deputation made this suggestion: "You say this is a war measure; in order to prove that the medical profession is willing to assist the Government at a time like this, we believe the profession would be willing to accept a fee of 1s. for measles until the end of the war, seeing that this is now to become notifiable for the first time." The deputation never said that 1s. was a sufficient fee for this purpose, because they realized that the work and responsibility were just the same for measles as for the other diseases. But they thought it a fair offer which they believed the profession would be willing to back. The Local Government Board, however, insisted upon economizing at the expense of the profession, and although members of Parliament were circularized on the subject the bill went through. When he was asked why the Association took this lying down, he would in turn ask what the objectors would have suggested doing. The only plan open to the Council of the Association was to advise the profession to adopt passive resistance to the law and refuse to notify. How many would have been prepared in the middle of war to take such a step, or would have supported the Council in advising such a step? There was no other way; the Act had been passed. But the Association had not taken the matter lying down. It had protested again and again. The Representative Meeting had year by year protested against the mean action of the Government, and this resolution, together with a letter explaining the position, had been sent to each successive President of the Local Government Board. When Dr. Addison came into office he was, further, asked to receive a deputation, and it was believed that this would shortly take place. The Council of the Association would leave no stone unturned to secure reversal of the decision to reduce the fee when the present Act came to an end, which it would on the signing of peace. Lastly, the legal status of the insurance agreement was now being discussed at the round table conference between representatives of the Insurance Acts Committee and the Commissioners. Next year, when a new agreement would have to be signed, full opportunity would be given for discussion of this important matter.

Dr. GOFF of Bothwell, in moving a vote of thanks to Dr. Cox, expressed the view that the British Medical Association was the only organization which could thoroughly protect the interests of the profession, and that attempts to set up "side shows" would be damaging to all. He urged that more meetings of the Divisions of the Association should be held for free discussion, and that all members should persuade their neighbours to join it.

CORRESPONDENCE.

SIR,—In Dr. Cox's address in the SUPPLEMENT to the JOURNAL of March 22nd (which many will read with mixed feelings of sorrow and anger) he states on p. 41, with reference to miners downing tools and extracting all they demand, "that doctors have quite often done it and can do it again with a good case on which they are united and one which they can convince the public is just." Now, in Middlesex the insurance practitioner has been compelled to accept 5s. 4d. a head, instead of 7s. 6d. according to our contract. This results in my own case in a loss of £100 a year.

We have been told over and over again what the Association has done. Why in the name of justice did not it prevent this barefaced robbery? I am told by the Medical Defence Union that we have no legal redress in the matter. Would a trade union have knuckled under? Must we sit still and be robbed by the State? If Dr. Cox's assertion quoted above be correct why did not the Association insist on our just rights?

I should like to suggest that before having any dealings with the Government in the matter of the future Health Bill we should refuse to proceed until all arrears (including the difference between 5s. 4d. and 7s. 6d.) be paid to those who worked for it and trusted in the faithful performance of a moral, if not a legal, contract. In conclusion, let me, as a member, congratulate the Association on the war bonus we received in the matter of the notification fees.—I am, etc.,

London, N., March 23rd. R. MILLS HALL.

SIR,—Dr. Alfred Cox's address on the organization of the medical profession will have been read with much interest. While all will fully agree that organization is now, more than ever, essential to the welfare of the medical profession, Dr. Cox does not appear to advance any practical solution to the problem of organization.

At the moment the status of the British Medical Association, as regards the medical profession, seems far from being defined. It is stated that the membership of the Association is half of the medical profession. Of this half a considerable number is directly opposed to the past and present policy of the Association; therefore the executive of the Association represents a minority of the profession.

It is quite justifiable to ask on what authority did the Association represent the profession over the Insurance Act? Certainly on this occasion the executive of the Association went against the wishes of its members. Again without authority the Association took upon itself to represent the profession as regards the Central Medical War Committee. Now yet again, over proposed new legislation, the Association is making itself a mouthpiece of the profession, though it only represents a minority.

It is greatly to be regretted that the Association declines to or is incapable of converting itself into a truly representative association of the medical profession, also that fair criticism is denied space in the columns of the JOURNAL.

I am convinced that if the Association would become

more sympathetic to the needs of the profession and represent its wishes it would receive the unqualified support of the bulk of medical men; but until the Association reforms itself, and so long as it only represents a minority, it is intolerable that the Association should pose as representing the voice and feelings of the medical profession.—I am, etc.,

G. W. C. HOLLIST,
Captain R.A M.C (T.F.).

Maidenhead, March 27th.

SCOTTISH BOARD OF HEALTH.

THE Scottish Committee is asking the Secretaries of all Divisions in Scotland to call together all the members of the profession in their areas to consider the Ministry of Health Bill for Scotland, and to forward their opinions and comments to the Scottish Committee without delay. For the convenience of members we print the bill.

A BILL to establish a Scottish Board of Health to exercise powers with respect to Health and Local Government in Scotland, and for purposes connected therewith.

BE it enacted by the King's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. *Establishment of Board.*—For the purpose of promoting the health of the people throughout Scotland, and for the purpose of the exercise of the powers transferred or conferred by this Act, it shall be lawful for His Majesty to appoint a Scottish Board of Health (hereinafter called "the Board").

2. *General Powers and Duties of Board in Relation to Health.*—It shall be the duty of the Board in the exercise and performance of any powers and duties transferred to or conferred on them by or in pursuance of this Act to take all such steps as may be desirable to secure the effective carrying out and co-ordination of measures conducive to the health of the people, including measures for the prevention and cure of diseases, the initiation and direction of research, the treatment of physical and mental defects, the collection, preparation, and publication of information and statistics, and the training of persons for health services.

3. *Constitution of Board.*—(1) The Secretary for Scotland may appoint a parliamentary under-secretary, who shall be responsible under him for the adminstration of the Board. The Secretary for Scotland shall be President, and the parliamentary under-secretary shall be Vice-President of the Board by virtue of their respective offices. *There shall be paid to any parliamentary under-secretary so appointed such remuneration as the Treasury may determine.* The office of an under-secretary so appointed shall not render the holder thereof incapable of being elected to, or sitting or voting as a member of, the Commons House of Parliament.

(2) The Board shall, as at first constituted, include the existing appointed members of the Local Government Board for Scotland, and such two of the Scottish Insurance Commissioners as the Secretary for Scotland shall nominate, and shall at all times include two registered medical practitioners, one or more women, and a member of the Faculty of Advocates or law agent of not less than ten years' standing.

The number of members (other than *ex officio* members) shall at no time exceed six, and subject as aforesaid the power of appointing such members shall be exercisable by His Majesty on the recommendation of the Secretary for Scotland.

Such member of the Board as the Secretary for Scotland, with the approval of His Majesty, may designate shall be Chairman of the Board in the absence of the President and Vice-President.

The Chairman and other members of the Board (not being members ex officio) shall receive such salary or remuneration as the Treasury may determine.

4. *Transfer of Powers and Duties to and from Board.*—(1) There shall be transferred to the Board—

(*a*) All the powers and duties of the Local Government Board for Scotland;
(*b*) All the powers and duties of the Scottish Insurance Commissioners;
(*c*) All the powers of the Privy Council and of the Lord President of the Council under the Midwives (Scotland) Act, 1915;
(*d*) All the powers and duties of the Secretary for Scotland under the Alkali, etc., Works Regulation Act, 1906;
(*e*) All the powers and duties of the Secretary for Scotland under the Burial Grounds (Scotland) Act, 1855;
(*f*) All the powers and duties of the Secretary for Scotland under the Rivers Pollution Prevention Acts, 1876 and 1893, section fifty-five of the Local Government (Scotland) Act, 1889, and the Rivers Pollution Prevention (Border Councils) Act, 1898;
(*g*) All the powers and duties of the Secretary for Scotland under the Births, Deaths, and Marriages (Scotland) Acts, 1854 to 1910, and the Vaccination (Scotland) Acts, 1863 to 1907;
(*h*) All the powers and duties of the Secretary for Scotland and the Highlands and Islands (Medical Service) Board under the Highlands and Islands (Medical Service) Grant Act, 1913:

Provided that in such matters of a judicial nature under the National Insurance (Health) Acts, 1911 to 1918, as may be prescribed under those Acts, the powers and duties of the Scottish Insurance Commissioners by this Act transferred to the Board shall be exercised by the Board through a special body or special bodies of persons constituted in such manner as may be prescribed.

(2) It shall be lawful for His Majesty from time to time by Order in Council to transfer to the Board—

(*a*) All or any of the powers and duties of the Scottish Education Department with respect to the medical inspection and treatment of children and young persons;
(*b*) All or any of the powers and duties of the Minister of Pensions with respect to the health of disabled officers and men after they have left the service, so far as those powers and duties relate to Scotland;
(*c*) Any other powers and duties in Scotland of any Government department which appear to His Majesty to relate to matters affecting or incidental to the health of the people.

(3) It shall be lawful for His Majesty from time to time by Order in Council to transfer from the Board to any other Government department any of the powers and duties of the Board which appear to His Majesty not to relate to matters affecting or incidental to the health of the people.

And it is hereby declared that it is the intention of this Act that, in the event of provision being made by Act of Parliament passed in the present or in any future Session for the revision of the law relating to the relief of the poor in Scotland and the distribution amongst other authorities of any powers exercisable by parish councils, there shall be transferred from the Board to other Government departments such of the powers and duties under the enactments relating to the relief of the poor then vested in the Board (not being powers or duties relating or incidental to the health of the people) as appear to His Majesty to be such as would be more conveniently exercised and performed by such other departments.

(4) His Majesty may by Order in Council make such incidental, consequential and supplemental provisions as may be necessary or expedient for the purpose of giving full effect to any transfer of powers or duties by or under this section, including provision for the transfer of any property, rights, and liabilities held, enjoyed, or incurred by any Government department in connexion with any powers or duties transferred, and may make such adaptations in the enactments relating to such powers or duties as may be necessary to make exerciseable by the Board and the officers thereof, or by such other Government department and their officers, as the case may be, the powers and duties so transferred.

(5) In connexion with the transfer of powers and duties to or from the Board by or under this Act, the provisions set out in the First Schedule to this Act shall have effect.

5. *Consultative Councils.*—(1) It shall be lawful for His Majesty by Order in Council to establish consultative councils for giving, in accordance with the provisions of the Order, advice and assistance to the Board in connexion with such matters affecting or incidental to the health of the people in Scotland as may be referred to in such Order.

(2) Every such council shall include persons of both sexes, and shall consist of persons having practical experience of the matters referred to the council.

6. *Staff and Remuneration.*—(1) The Board may appoint such secretaries, officers, and servants as the Board may, subject to the sanction of the Treasury as to numbers, determine.

(2) *There shall be paid (out of moneys provided by Parliament) to the secretaries, officers, and servants of the Board such salaries or remuneration as the Treasury may determine.*

(3) *The expenses of the Board, including payments to members of consultative councils and committees thereof, to such amount as may be sanctioned by the Treasury, shall be paid out of moneys provided by Parliament; but no such payment shall be made other than the repayment of travelling expenses and payment of subsistence allowance, and reasonable compensation for loss of remunerative time.*

(4) There shall be transferred and attached to the Board the persons employed under the Local Government Board for Scotland, the Scottish Insurance Commissioners, and the Highlands and Islands (Medical Service) Board, and such of the persons employed under any other Government department in or about the execution of the powers and duties transferred by or under this Act to the Board, as the Board and Government department, with the sanction of the Treasury, may determine.

(5) The Board may from time to time distribute the business of the Board amongst the several persons transferred or attached thereto in pursuance of this Act, in such manner as the Board think right, and those persons shall perform such duties in relation to that business as may be directed by the Board:

Provided that such persons shall be in no worse position as respects the tenure of office, salary, or superannuation allowance, than they would have been if this Act had not been passed.

(6) For the purposes of this section a person attached to a Government department, whether as a Commissioner, member of a Board, or otherwise, shall be deemed to be employed under the department.

7. *Seal, Style, and Acts of Board.*—(1) The Board may sue and be sued by the name of the Scottish Board of Health, and may for all purposes be described by that name, and service on the Board of all legal processes and notices shall be effected by service on a secretary of the Board.

(2) The Board shall have an official seal, which shall be officially and judicially noticed, and any act to be done, or deed

to be signed, or instrument to be executed by or on behalf of the Board may be done, signed, or executed in the name of the Board by the President, Vice-President, or Chairman of the Board, or a secretary, or any person authorized by the Board to act in that behalf.

(3) Every document purporting to be an order or other instrument issued by the Board, and to be sealed with the seal of the Board or to be signed as aforesaid, shall be received in evidence and be deemed to be such order or other instrument without further proof, unless the contrary is shown.

(4) The Documentary Evidence Act, 1868, as amended by the Documentary Evidence Act, 1882, shall apply to the Board as if the Board were mentioned in the first column of the schedule to the first mentioned Act, and as if the President or Vice-President or a secretary of the Board or any person authorized by the Board to act in that behalf were mentioned in the second column of that schedule.

8. *Provisions as to Orders in Council.*—(1) Any Order in Council made under this Act may be revoked or varied by a subsequent Order.

(2) Before any Order in Council under this Act (other than an Order appointing a day for the commencement of this Act or any provision thereof) is made, notice of the proposal to make the Order and of the place where copies of a draft of the Order can be obtained shall be published in the Edinburgh Gazette, and in such other manner as the Board think best adapted for insuring publicity, and a draft of the Order shall be laid before each House of Parliament for not less than thirty days on which such House is sitting.

(3) In the case of an Order providing for any transfer of powers and duties to or from the Board under paragraph (*b*) or paragraph (*c*) of subsection (2), or under subsection (3), of section four of this Act, the Order shall not take effect until both Houses of Parliament have by resolution approved the same and shall take effect subject to any modifications and adaptations which may be agreed to by both Houses of Parliament; and in the case of any other Order if either House before the expiration of such thirty days presents an address to His Majesty against the draft, or any part thereof, no further proceedings shall be taken thereon, without prejudice to the making of any new draft Order.

9. *Short Title, Commencement, Extent, Repeal, Interpretation.*—(1) This Act may be cited as the Scottish Board of Health Act, 1919, and shall come into operation upon such day or days as may be appointed by Order in Council, and different days may be appointed for different purposes and provisions of this Act:

Provided that the day appointed for the transfer of the powers of the Minister of Pensions shall not be earlier than one year after the termination of the present war.

(2) This Act shall extend to Scotland only.

(3) The enactments mentioned in the Second Schedule to this Act are hereby repealed to the extent specified in the third column of that schedule.

(4) In this Act the expression "Government department" includes the Scottish Insurance Commissioners, the Highlands and Islands (Medical Service) Board, and any other public department, and any Minister of the Crown acting as the head of a Government department. The expression "law agent" has the same meaning as in the Law Agents (Scotland) Act, 1873.

FIRST SCHEDULE.—TRANSITORY PROVISIONS.

1. In the construction and for the purposes of any Act of Parliament, judgement, decree, order, award, deed, contract, regulation, by-law, or other document passed or made before the transfer to or from the Board from or to any other Government department of any powers or duties by or under this Act, but so far only as may be necessary for the purpose of such transfer, the name of the Board or of the Government department shall be substituted for the name of the other Government department or of the Board, as the case may be.

2. Where anything has been commenced by or under the authority of any other Government department or the Board before the transfer to the Board or another Government department of any powers or duties by or under this Act, and such thing is in relation to the powers or duties so transferred, such thing may be carried on and completed by or under the authority of the Board or the other Government department, as the case may be.

3. Where at the time of the transfer of any powers or duties by or under this Act any legal proceeding is pending to which any Government department or the Board is a party, and such proceeding has reference to the powers and duties transferred by or under this Act, the Board or the other Government department shall be substituted in such proceeding for the other Government department or the Board, as the case may be, and such proceeding shall not abate by reason of the substitution.

SECOND SCHEDULE: REPEALS.

Session and Chapter.	Short Title.	Extent of Repeal.
8 & 9 Vict. c. 83.	The Poor Law (Scotland) Act, 1845	Section four, so far as not already repealed.
57 & 58 Vict. c. 58.	The Local Government (Scotland) Act, 1894.	Sections four, five and six.
1 & 2 Geo. 5 c. 55.	The National Insurance Act, 1911.	Paragraph (*b*) of, and the proviso to, subsection (2) of section sixteen; subsections (1), (2), (3) and (4) of section fifty-seven and section fifty-eight, so far as applying to Scotland. Subsection (1) of section eighty, from "there shall be constituted" to "the purpose aforesaid."

MEDICINE IN IRELAND AND THE MINISTRY OF HEALTH.

A DEPUTATION representing various medical bodies was received last week by the Chief Secretary for Ireland in order that they might lay before him the views of the medical profession in Ireland on the proposal to establish a Ministry of Health in that country. The deputation consisted of the following:

Dr. Joseph O'Carroll (President), Dr. R. J. Rowlette, and Dr. T. Percy C. Kirkpatrick (Registrar), Royal College of Physicians of Ireland; Mr. J. B. Storey (President) and Mr. R. Dancer Purefoy, Royal College of Surgeons in Ireland; Sir John W. Moore (President) and Dr. Purefoy, Royal Academy of Medicine in Ireland; Dr. J. S. Darling and Dr. T. Hennessy, British Medical Association in Ireland; Dr. R. J. Johnstone and Dr. J. Power, Irish Medical Committee; Dr. Edward Magennis and Dr. H. W. Mason, Apothecaries' Hall of Ireland; Dr. George Nesbitt and Dr. Marshall Day, Irish Medical Association; Dr. M. Nolan and Dr. R. R. Leeper, Medico-Psychological Association of Great Britain and Ireland; Mr. G. H. P. Murray and Mr. D. L. Rogers, Irish Branch of the British Dental Association.

Dr. Joseph O'Carroll presented a memorandum setting out the general views of the deputation, of which the following is a summary:

All medical corporations and organizations in Ireland are agreed as to the need for reform and development of health services in Ireland; but they regret that no opportunity was found to put the views of the medical profession before the Government, and that no organization representative of Irish medical opinion was consulted prior to the drafting of the Irish clauses in the Ministry of Health Bill. All the medical bodies believe that a Ministry of Health solely concerned with health duties should be established in Ireland at once. The Ministry should have full powers, and be such as to command the confidence of the public and of the medical profession. The Local Government Board for Ireland is an unsuitable body to undertake the duties of a Ministry of Health, and a new Ministry should be set up. The same objections apply to any new Ministry dominated by the Local Government Board. Equal objections would hold against giving extended powers to the Irish Insurance Commission. With the setting up of a Ministry should go hand in hand a thorough reform of the entire medical services of the country, which should all be under the control of one Ministry. There should be whole-time medical officers of health and school inspectors. Medical relief now given under the Poor Laws should be separated from Poor Law administration, and wage earners should contribute towards their medical treatment. It is suggested that the Ministry should consist of a Minister responsible to Parliament, and a Council with full powers to control policy. The Council should consist of three groups of four members each: (1) representing the County Councils; (2) medical members elected by the medical profession; (3) members appointed by the Government, including a medical practitioner and a dentist. This would be a body with real knowledge which would command confidence. Lastly, it is laid down that ample provision should be made for medical research, for which there is at present almost no provision in Ireland.

Dr. R. J. Johnstone, Dr. M. Nolan, and Dr. Hennessy laid stress on the importance of having in the Ministry a consultative council conversant with the medical needs of the country, and especially of the general practitioner, the administration of the lunacy laws and the Poor Law medical service. The Chief Secretary (Mr. Ian Macpherson) in his reply, reminded the deputation that the object of the present bill was merely to co-ordinate the medical services under the control of one Minister, who would then be in a position to introduce legislation for the reform of those services. He deprecated the strictures on the health administration of the Irish Local Government Board. In conclusion, he stated that if the deputation could gain the unanimous support of the public and the medical profession for any scheme of health reform, he might then be prepared, in consultation with his Council, to consider such a scheme, and, if approved, to bring in legislation to carry it into effect. Mr. J. B. Storey thanked the Chief Secretary for receiving the deputation, which then withdrew.

LOCAL MEDICAL AND PANEL COMMITTEES.

COUNTY OF LONDON.

National Insurance Defence Trust.—At the meeting of the London Panel Committee on March 25th a discussion took place on the proposed establishment of the National Insurance Defence Trust, inaugurated by the British Medical Association (see SUPPLEMENT, March 22nd, 1919, p. 45). A recommendation was proposed, affirming that the Panel Committee desired to act in this matter in

conformity with the advice of the Association of Panel Committees, but expressing to the Executive Committee of that body its view that it was desirable that Panel Committees should accept the invitation of the Insurance Acts Committee to give the required undertaking of support to the fund. Dr. J. A. Angus, vice-chairman of the Committee, protested against support being given to an organization which was prevented by its charter from becoming a trade union; but the recommendation expressing the view that the invitation of the Insurance Acts Committee be accepted was carried by a large majority.

Association Notices.

MEETING OF COUNCIL.

THE next Meeting of Council will be held on Wednesday, April 16th, in the Council Room, 429, Strand, London, W.C.2.—By order,

W. E. WARNE,
Acting Financial Secretary and Business Manager.

March 13th, 1919.

ANNUAL REPRESENTATIVE MEETING, 1919.

THE Annual Representative Meeting will be held in London, commencing on Thursday, July 24th.

The Council draws the special attention of all concerned to the fact that it is entirely within the discretion of the Constituency to decide whether the election of its Representative(s), Deputy Representative(s), or both, shall be carried out by general meeting of the Constituency or by postal vote.

CONSTITUENCIES.

The list of provisional Home Constituences in the Representative Body, 1919–20, was sent by the Council to all the Home Divisions and Branches in November. As intimated to all the Overseas bodies, the Council has made each Overseas Division and Division-Branch possessing an Honorary Secretary and the necessary organization an independent Constituency for election of a Representative.

ELECTION OF REPRESENTATIVES.

The Representatives, and, where so desired, the Deputy Representatives, for 1919–20 require to be elected not later than June 26th, and their names to be notified to the Medical Secretary not later than July 3rd.

MOTIONS FOR THE REPRESENTATIVE MEETING.

Notices of Motion by Divisions, Constituencies, or Branches for the consideration of the Annual Representative Meeting proposing to make any addition to, or any amendment, alteration, or repeal of any regulation or by-law, or to make any new regulation or by-law, or proposing material alteration of the policy of the Association in matters relating to the honour and interests of the profession or of the Association (Article 30, By-law 40), must be published in the JOURNAL not later than May 24th, and for this purpose should be received by the Medical Secretary not later than May 15th.

ANNUAL CONFERENCE OF SECRETARIES.

The Council has decided to hold an Annual Conference of Honorary Secretaries of Divisions and Branches this year in connexion with the Representative Meeting. Particulars as to the date and hour of the Conference will be announced later. Honorary Secretaries are reminded that, as in the case of Representatives, the first-class travelling expenses within the United Kingdom of the Honorary Secretary of a Division or Branch attending the Conference are payable from the central funds of the Association.

ELECTION OF COUNCIL FOR 1919–20.

The Representative Body decided that the grouping for election of the Council, 1919–20, shall be the same as for the current year.

All concerned are reminded that nominations of candidates for election as members of Council by Home Branches or groups require to be forwarded to reach the Acting Financial Secretary and Business Manager not later than May 17th. Nominations may be either by a Division or by any three members of a Branch. Members and Divisions can obtain copies of the appropriate nomination form on application to the office. The nominations will be published in the SUPPLEMENT of May 24th. Where contests occur, election will be by voting papers sent direct by post from the Head Office to each member.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments are announced by the Admiralty:—Surgeon Commanders: G. Ley to the *Indomitable*, R. Thomson to the *Carnarvon*, C. J. O'Connell to the *Cyclops*. K. D. Bell to the *Victory* for Physical Training School, Portsmouth, C. K. Bushe to the *Crescent*, additional. Surgeon Lieutenant Commanders: C. Ross to the *Queen Elizabeth*, M. F. Caldwell to the *Cricker*, J. S. Orwin to the *Victory* for Royal Naval Barracks, Portsmouth. Surgeon Lieutenant O. J. M. Corrigan to the *Glory*. Surgeon Lieutenants (temporary): A. S. Green to the *Warspite*, R. H. Clarke to the *Cleopatra*, H. V. Edwards to the *Vindictive*, A. J. MacDiarmid to H.M. Dockyard, Chatham, B. A. Henderson to the *Pekin*, C. P. G. Wakeley to the *Garth Castle*, J. P. S. Walker to the *Queen Elizabeth*, F. B. Gilhespy to Chatham Hospital, H. S. Libby to the Royal Marine Division, G. H. Ward to the *King George*, N. Macleod to the *Princess Royal*, A. Symons to the *Erin*, R. St. L. Brockman to the *Victory* for Royal Naval Barracks, Portsmouth, C. McDonald to the *Eaglet*, J. H. Sheldon to the *Lupin*.

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Lieutenant F. W. Willway to the *Vivid* for War College, Devonport.

ARMY MEDICAL SERVICE.

Colonel C. J. MacDonald, C.M.G., half-pay list, is placed on retired pay.

To be temporary Colonels: Temporary Lieut.-Colonel C. M. Wenyon, C.M.G., Lieut. Colonel S. G. Barling, R.A.M.C.(T.F.).

ROYAL ARMY MEDICAL CORPS.

Lieut. Colonel F. W. Hardy retires on retired pay on account of ill health contracted on active service.

Temporary Lieut.-Colonel R. J. Morris, late Surgeon-Major 4th Royal Lancashire Rifles, T.F., relinquishes his temporary commission, and retains the rank of Lieut.-Colonel.

Captain (acting Major) O. B. Pratt to be placed temporarily on the half-pay list on account of ill health.

The following relinquish the acting rank of Major:—Captains: W. W. MacNaught, M.C., V. T. Carruthers, W. Hunt, M.C. Temporary Captains: J. H. Porter, M.C., A. Richmond, M.C., H. H. Warren, H. R. Grellet, W. Mason, A. C. T. Woodward, W. S. Danks, H. G. Willis, D.S.O., C. C. Irvine, M.C., W. S. Stevenson, W. K. A. Richards, M.C., N. B. Stewart, H. R. Davies, J. M. Moyes, V. F. Soothill, R. Felton, M.C., W. Crabtree, J. F. Robertson. On reposting: Captains H. V. Stanley, M.C., A. R. Wright, D.S.O., December 11th, 1918 (substituted for notification in the *London Gazette*, March 6th, 1919), T. H. Balfour, M.C., R. H. Leigh, M.C., A. C. Jebb. Temporary Captains: J. G. Heath, W. H. Stott, F. B. Young, M.C., R. C' Harkness, N. C. Lake, A. L. Lockwood, D.S.O., M.C., A. R. Esler, A. Ryland, R. Tindall, M.C., J. A. Conway, D.S.O., M.C., H. R. Evans, P. L. Blaber, D. E. Crosbie, H. B. Walker, W. E. Gemmell, S. G. Luker, M. J. Mottram, A. Gray, V. M. Rich, I. S. Wilson, M.C., C. H. Haddow, M.C., J. G. Heath, W. H. Stott.

To be acting Majors:—Captains W. J. Knight, M.C., T. A. Weston. Temporary Captains: R. A. Parsons (from August 14th to September 15th, 1918, inclusive), W. Deane, D. C. Craig, M.C., C. H. Lloyd, M.C., B. W. Wibberley, M.C., A. C. B. McMurtrie, M.C., G. C. Linder, C. A. R. MacCay, G. D. Eccles, M.C., D. Green, J. P. Jones, M.C., C. E. Meryon, E. S. Marshall, M.C., R. S. Armour, O. C. Link, H. F. Mullan, R. B. Heygate, E. W. Sheaf, F. H. Young, J. D. MacEwen, H. McIntyre (whilst commanding troops on a hospital ship). Temporary Lieutenant W. F. Tisdale (from October 18th to December 10th, 1918, inclusive). Whilst specially employed: Captains I. D. Dickson, M.C., S. G. Walker. Temporary Captains: C. W. G. Bryan, M.C., J. McF. Grier, G. B. MacGregor, M.C., Lieutenant (temporary Captain) G. G. Drummond (from December 9th, 1918, to January 28th, 1919).

The following officers are placed on the half-pay list on account of ill health contracted on active service: Captain (acting Major) A. M. McCutcheon, Captain F. T. Turner, M.C.

Temporary Major H. F. Woolfenden relinquishes the acting rank of Lieut.-Colonel on reposting.

Captain (acting Major) H. Burrows to be temporary Lieut.-Colonel.

Captain B. H. C. Lea-Wilsón is seconded for service with the Egyptian army.

Temporary Captain F. Fraser to be temporary Lieut.-Colonel.

Late temporary Captains granted the rank of Captain: H. V. Drew, W. Elwood.

The notification in the *London Gazette* of February 22nd regarding Captain W. W. MacNaught, M.C., is cancelled.

Temporary Lieutenants to be temporary Captains: H. W. Bennett, B. H. Peters, J. Rickards, M.C., W. D. Ross, T. M. O'Donnell, G. O. Grain, A. B. Cooke, F. E. Webb, S. E. Murray, W. H. Ross, T. W. Shaw, C. P. Chambers, J. C. Curtis, E. Gofton, G. Maclean, T. G. Rothwell, W. S. Perrin, R. L. Hughes, R. H. Martin, R. Harrington, S. Broderick, H. J. Knox, H. N. Crossley, P. B. Whittington.

Temporary honorary Lieutenant C. R. Bird to be temporary honorary Captain.

A. O. Raymond, late temporary honorary Lieutenant, is granted the honorary rank of Lieutenant.

J. McP. Mackinnon to be temporary Captain.

The following officers relinquish their commissions: Temporary Lieut.-Colonels: C. G. Douglas (and retains the rank of Lieut.-Colonel), J. Gott. Temporary Majors and retain the rank of Major: P. Turner, F. R. Seymour, G. Taylor, W. J. Orr (on ceasing to be employed with 1st Birmingham War Hospital). Temporary Captain W. Angus, and is granted the rank of Lieut.-Colonel. Temporary Captains and are granted the rank of Major: N. B. Stewart, A. M. Caverhill, C. Sullivan, J. D. Duncan, L. R. Broster, W. R. Wilson, W. M. Buchanan, S. W. Woollett, J. H. Thornley, M.C., H. Pringle, E. E. Herga, M.C., M. C. Gardner, M.C., C. E. Sundell. Temporary Captains, on account of ill health contracted on active service, and retain the rank of Captain: C. Bluett, F. Dillon, W. Paul. Temporary Captains, on account of ill health caused by wounds: J. T. Smeall, M.C., J. Ogilvie. Temporary Captains, on account of ill health, and retain the rank of Captain: W. J. Midelton, G. Stewart, P. W. Stewart, J. Wells, J. B. Cooke, A. M. Mitchell. Temporary Captains, and retain the rank of Captain: C. E. Wise, W. H. Johnston, A. C. Greenwood, G. G. Timpson, J. Lascelles, M. P. Scanlon, G. H. Jones, F. S. Hawks, H. P. Aubrey, E. Williams, W. S. Melville, J. Dawson, J. Langwill, W. J. Macnab, E. L. Z. Fickling, F. H. Fuller, C. H. A. Alderton, T. H. Whittington, G. B. King, S. G. McDonald, P. J. Watkin, M.C., C. V. Cornish, J. Henderson, A. G. M. Middleton, H. H. Southam, D. Higgins, A. M. Watts, D. J. Smith, E. G. D. Benson, J. Wylie, W. P. H. Munden, J. Donaldson, W. Arnott, I. O'Keeffe, F. O. Clarke, R. A. Smith, G. H. U. Corbett, E. Maynard, L. W. Huelin, C. W. Hutt, H. McC. Fleming, P. Hudson, J. A. B.

Hammond, W. J. B. Brown, J. R. Rigg, J. F. Gallaher, M. Ffoulkes, T. Gardner, E. C. Sparrow, E. C. Williams, J. Brown, D. Purdie, W. Griffith, E. S. Prior, A. G. Mowat, E. D. W. Reid, S. Gooding, E. Coleman, R. P. Nash, H. L. G. Hughes, D.S.O., W. Amsden, H. E. Moore, G. H. Joseph, J. M. S. Wood, K. Pretty, E. D. Smith, W. Harmens, J. C. Dunn, D.S.O., M.C., G. Y. Richardson, A. Davies, W. Kelley-Patterson, R. Donald, M.C., T. McL. Galloway, L. H. I. Bell, F. G. Bergin, A. W. C. Lindsay, A. C. Dixon, D. Clow, W. F. Cornwall, M.C., R. Fell, F. M. S. Hulke, W. D. Chambers, W. A. Ferguson, F. E. Chapman, T. W. David, F. W. Twort, J. Tait, B. R. Vickers, R. V. Howell, C. E. Tangye, R. C. Allen, R. C. Leonard, A. D. Campbell, C. F. Harford, J. B. Orr, D.S.O., M.C., R. Robertson, G. C. Birt, J. M. Barkley, A. Kerr, L. U. Geraty, M.C., G. B. N. Flanagan, J. T. Kitchen, H. S. Thomas, A. Naismith, H. C. Addison, D. A. Chamberlain, J. Butler, M. H. Fleming, L. Bensted, D. A. Crow, J. H. D. Webster, J. B. Rae, A. H. G. Burton, H. D. Woodroffe, A. W. M. Sutherland, A. E. Burroughs, J. A. Thomson, B. R. Billings, M. Donaldson, J. A. Jamieson, R. E. Ingram-Johnson, J. I. Arnold, W. E. Passmore, T. J. Buckley, J. E. Judson, J. Carrick, A. Graham-Stewart, A. W. Baker, L. L. Phillips, R. Craig, P. Hall-Smith, H. St. J. Randell, K. C. Middlemiss, R. H. Urwick, J. Laing, D. Walker, D. Brough, E. G. Pringle, T. F. O'Kell, B. S. Taylor, F. L. Pelly, J. A. MacLaren, S. H. Sweet, R. Nicoll, J. A. Liley, A. H. Turner, E. C. White, J. H. H. Pearson, S. S. Rendall, A. Muir, R. M. Menzies, A. T. Wysard, W. D. Ross, J. T. Heffernan, A. Bloom, C. O'Brien, M.C., A. J. W. Compton, A. P. Nicolle, T. F. Moran, R. J. P. Waugh, E. S. Holloway, G. L. Gall, J. B. Lester, J. E. Spence. Temporary Captain R. P. Nash. Temporary honorary Captains and retain the honorary rank of Captain: F. W. Hamilton, on ceasing to serve with No. 2 British Red Cross Hospital; H. de L. Crawford, on ceasing to serve with the Irish Counties War Hospital. Temporary Lieutenants and retain the rank of Lieutenant: P. C. Phillips, A. L. Aylmer, N. Lavers, H. S. Lister, D. E. Young, J. V. Rees, J. A. B. Hicks, J. Grimson, R. Tilbury, H. E. Thompson, W. A. S. Magrath, F. H. Boone, W. P. McCowan, C. O. Miller, S. Bardel, H. M. Raphael, W. E. Martin, T. G. Playford, M.C., R. R. MacGregor, M.C., E. D. Kinsey, N. McCullough, R. Walker. Temporary honorary Lieutenant J. Todesco.

ROYAL AIR FORCE.

MEDICAL BRANCH.

G. Dreyer (temporary honorary Lieutenant-Colonel R.A.M.C.) is granted a temporary commission as honorary Lieutenant-Colonel with seniority from April 1st, 1918.

Major F. H. Stephens (Staff Surgeon R.N.) relinquishes his commission on ceasing to be employed.

Transferred to unemployed list: Captains D. H. Fraser, M.C., A. MacLennan (R.A.M.C.T.F.), W. A. Simpson, E. P. Carmody, H. R. Carter, (acting Major) L. Hooper, J. P. J. Harty, J. P. Walker, M.B.E., B. E. Annoot, Ff. Roberts, (honorary Lieut.-Colonel) J. MacLaughlin, A. A. Wilkinson, (acting Major) A. A. Bisset, E. W. W. Jones, E. P. Chennells, T. E. Regan, L. C. Rivett, A. B. Bradford, N. F. Lloyd, A. H. L. Thomas, H. P. Helsham. Lieutenants G. D. M. Beaton, P. M. Roberts, L. C. W. Balls, J. J. Savage, W. A. Cooper, H. McP. Cargin, R. Malcolm, K. Batten, P. Ashton, C. A. E. Cook, G. A. Roper, A. Read, J. D. George, H. T. Rymer, J. S. Harbinson.

Lieutenant J. A. Johnson to be Captain.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captain C. M. Page, D.S.O., relinquishes the acting rank of Lieut.-Colonel on reposting.

Captains relinquish the acting rank of Major: R. A. Greenwood, M.C., C. R. McIntosh, S. K. Young, A. W. Russell, M.C., J. J. McI. Shaw, (Brevet Major) R. C. Ozanne.

Captains relinquish the acting rank of Major on reposting: A. J. Beveridge, M.C., A. J. Gibson, D.S.O., M. W. Paterson, M.C., G. Marshall.

Captains to be acting Majors: F. H. Goss, M.C., J. W. Malcolm, M.C., J. le M. Kneebone, W. M. Dickson, G. M. Roberts (from August 14th to November 15th, 1918), G. S. Mather, J. F. W. Meenan, J. B. Hanna.

Captains W. A. N. Fox and C. D. Fullan relinquish their commissions on account of ill health, and retain the rank of Captain.

Captains R. L. Impey, M.C., and N. L. Lochrane relinquish their commissions on account of ill health contracted on active service, and retain the rank of Captain.

Lieutenants to be Captains: T. L. Crawhall, D. J. A. Lewis, H. E. Bamber.

OVERSEAS CONTINGENTS.

CANADIAN ARMY MEDICAL CORPS.

Temporary Colonel C. A. Peters, D.S.O., relinquishes his appointment as Assistant Director of Medical Services.

Temporary Major R. J. Gardiner, M.C., to be acting Lieut.-Colonel and to command No. 2 Canadian Field Ambulance.

Temporary Captain R. D. MacKenzie, M.C., to be Deputy Assistant Director of Medical Services.

Temporary Captain D. J. Millar to be acting Major while employed at a Canadian General Hospital.

Temporary Captain H. C. Hall relinquishes his appointment and the acting rank of Major.

Temporary Captain I. W. Dickson retires in the British Isles.

SOUTH AFRICAN MEDICAL CORPS.

Temporary Captain A. F. de Waal relinquishes his commission.

TERRITORIAL FORCE.

ARMY MEDICAL SERVICE.

The undermentioned Colonels are granted precedence from May 31st, 1916: A. W. Sheen, C.B.E., W. Ranson, D.S.O., H. E. B. Bruce-Porter, K.B.E., C.M.G., A. M. Connell, A. D. Sharp, C.B., C.M.G., E. J. R. Evatt, D.S.O. (substituted for announcement in the *London Gazette*, February 19th, 1919).

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel C. R. Laurie relinquishes his commission on account of ill health, March 4th, 1919, and retains the rank of Lieutenant-Colonel (substituted for notification in the *London Gazette*, March 3rd, 1919).

Majors to be Lieutenant-Colonels, September 1st, 1918, with precedence from June 1st, 1916, and seniority next below Lieutenant-Colonel G. A. Troup: H. C. Lamport, J. T. Thomas, W. B. Mackay, C.M.G., J. B. Berry, H. C. Donald (acting Lieut.-Colonel), W. Sinclair, J. H. G. Whiteford, D. Durran, S. Nesfield, C. R. Laurie, R. Stirling, T. Forrest (Brevet Lieut.-Colonel), T. Holt, J. R. Harper (acting Lieut.-Colonel), W. M. Gabriel (Brevet Lieut.-Colonel), A. Butler, J. S. Y. Rogers, D.S.O., P. Paget, A. Ducat (acting Lieut.-Colonel), A. H. Vernon, E. G. Peck, D.S.O., W. L. Bentley, J. H. Harris, J. P. R. Ward, A. C. Miller, J. L. Loudon, R. Emmett, H. L. de Legh, J. Howard-Jones, A. P. Swanson (acting Lieut.-Colonel), H. Jones (Brevet Lieut.-Colonel), G. C. Taylor, O.B.E., J. W. Nicholson, M. A. Cooke, J. B. Jamieson, C. A. Goullet, J. Allison.

The following officers relinquish their acting rank on ceasing to be specially employed: Majors (acting Lieut.-Colonels): W. Archibald, H. Fullerton, D.S.O., F. W. Johnson, J. W. Leitch, D.S.O., E. R. Cox, D.S.O., R. Coffey, D.S.O. Captains (acting Lieut.-Colonels): A. Ramsbottom, J. MacMillan, D.S.O., M.C., A. T. Falwasser, D.S.O., D. G. Rice-Oxley, M.C., P. Moxey, W. L. Robertson, R. Burgess, D.S.O., M.C. Captains (acting Majors): W. Redpath, A. Radford, M.C., H. F. Everett, G. B. Fleming, J. McL. Macfarlane, F. Hauxwell, O. K. Wright, W. P. Ferguson, C. E. K. Herapath, W. A. Valentine, G. W. Deeping, H. G. Magrath, R. E. T. Tatlow, J. Arthur, A. J. Blaxland, C. J. Fox, R. M. Wilson, A. L. Yates, M.C., F. H. C. Watson, G. W. Shore.

Majors J. W. Keay and R. C. Rodgers are restored to the establishment.

Captain J. W. G. H. Riddel, M.C., to be Deputy Assistant Director of Medical Services, and to be acting Major whilst so employed.

Captain C. B. Stewart relinquishes his commission on account of ill health and retains the rank of Captain.

Captain (acting Lieut.-Colonel) G. B. Fleming reverts to the acting rank of Major.

Captain (acting Major) J. D. Wells, O.B.E., relinquishes his acting rank on vacating the appointment of Deputy Assistant-Director of Medical Services.

Captains to be Majors: Captain (acting Major) A. L. S. Tuke, M.C., Captain A. Innes.

Captains to be acting Majors whilst specially employed: J. Ramsay, O.B.E., F. G. Prestwick, W. Goldie, M.C., D. C. Bremner, F. W. Barn.

Captain J. E. Pearce relinquishes his commission on account of ill health contracted on active service and retains the rank of Captain.

Captains (acting Majors) J. A. Davies, G. E. G. Mackay, E. Knight, and J. G. Hill to be acting Lieutenant-Colonels whilst specially employed.

Captains A. C. Devereux and W. A. Slater relinquish their commissions on account of ill health contracted on active service, and retain the rank of Captain.

1st London Sanitary Company.—Captain J. Teare to be Major. Captain D. J. Peebles relinquishes his commission on account of ill health contracted on active service and retains the rank of Captain.

4th London General Hospital.—Captain I. G. Back is restored to the establishment.

4th Battalion, Northern General Hospital.—Captain H. J. Smith, M.C., is restored to the establishment.

2nd Northern General Hospital.—Major J. K. Jamieson to be acting Lieutenant-Colonel whilst specially employed, and is seconded.

4th Northern General Hospital.—Captain (acting Major) F. E. Withers relinquishes his acting rank on ceasing to be specially employed, and remains seconded.

1st Scottish General Hospital.—Captain (acting Major) H. E. Smith relinquishes his acting rank on ceasing to be specially employed.

2nd Scottish General Hospital.—Captain W. J. Stuart is restored to the establishment.

2nd Southern General Hospital.—Captains (acting Majors) C. A. Moore and A. G. T. Fisher, M.C., relinquish their acting rank on ceasing to be specially employed and remain seconded.

3rd Southern General Hospital.—Captain T. B. Marshall is restored to the establishment.

2nd Western General Hospital.—Captain J. P. Buckley is restored to the establishment.

APPOINTMENTS.

FOX, Harold C., M.B., Ch.B.Edin., Senior House-Surgeon at the Blackburn and East Lancashire Royal Infirmary.

MCNABB, L., M.D.Durh., Visiting Assistant Medical Officer, Harton Institution, South Shields Union.

RIDDELL, Brownlow, M.D., Visiting Surgeon to the Glasgow Eye Infirmary.

THOMSON, F. G., M.A.Cantab., M.D., M.R.C.P.Lond., Physician to the Royal United Hospital, Bath.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 6s., which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.

BIRTH.

PHILLIPS.—On 28th March, at Newstead, Waterloo Park, Liverpool, the wife of Lionel L. Phillips, M.R.C.S. (late Capt. R.A.M.C.), formerly of Redruth, of a son.

DEATH.

CUNLIFFE.—On March 31st, 1919, at the Officers' Hospital, Windermere, Ernest Nicholson Cunliffe of Manchester, Major R.A.M.C.(T.F.), M.D., B.S.Lond., M.D.Vict., M.R.C.P.Lond., aged 41 years.

DIARY FOR THE WEEK.

ROYAL COLLEGE OF PHYSICIANS, Pall Mall East, S.W.—Tuesday, 5 p.m., Thursday, 6 p.m., Lumleian Lectures by Sir Humphry D. Rolleston, K.C.B.: Cerebro-spinal Fever.

ROYAL SOCIETY OF MEDICINE.—Reception to the British Medical Association, Wednesday. *Section of Psychiatry:* Tuesday, 5.30 p.m., Dr. William Brown: A Comparison of Early Cases of "Shell Shock" in the Field with those at the Base. *Clinical Section:* Friday, 8 p.m., Cases of Unusual or Rare Conditions.

DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.
APRIL.	
8TH TO 11TH.	**Clinical Meeting,** Imperial College of Science and Technology, South Kensington, S.W.
9 Wed.	London: Journal Committee, 2 p.m.
	London: Finance Committee, 2.45 p.m.
16 Wed.	London: **Council Meeting.**

Printed and published by the British Medical Association at their Office, No. 429, Strand, in the Parish of St. Martin-in-the-Fields, in the County of London.